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Presentation

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Centre for Health Services Studies

Evaluation of the Kent & Medway One Care Pilot

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Evaluation aims

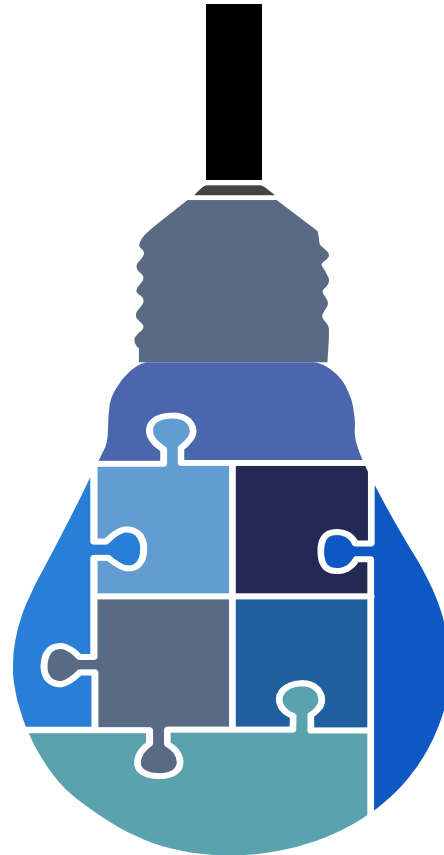
- Co-design multi-method evaluation framework
- Implementation of model through:
 - Outcome 1: patient, informal carer and staff experiences, impacts and perceptions of care quality;
 - Outcome 2: staff perceptions of engagement, retention and motivation
- Identify success and areas for improvement
- Refine evaluation framework for on-going review
- Develop recommendations for service roll out

Study population

01
Patients

02
Carers

03
One Care Team



04
One Care Coach

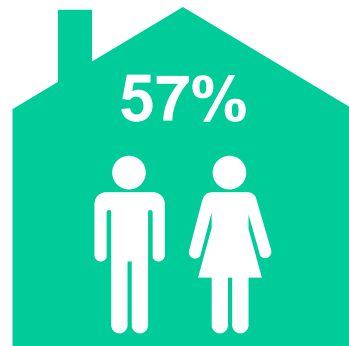
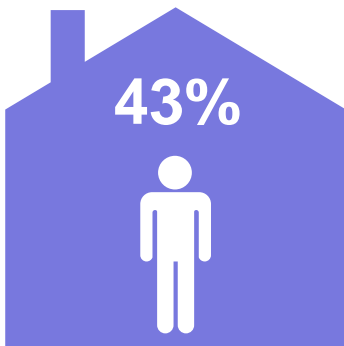
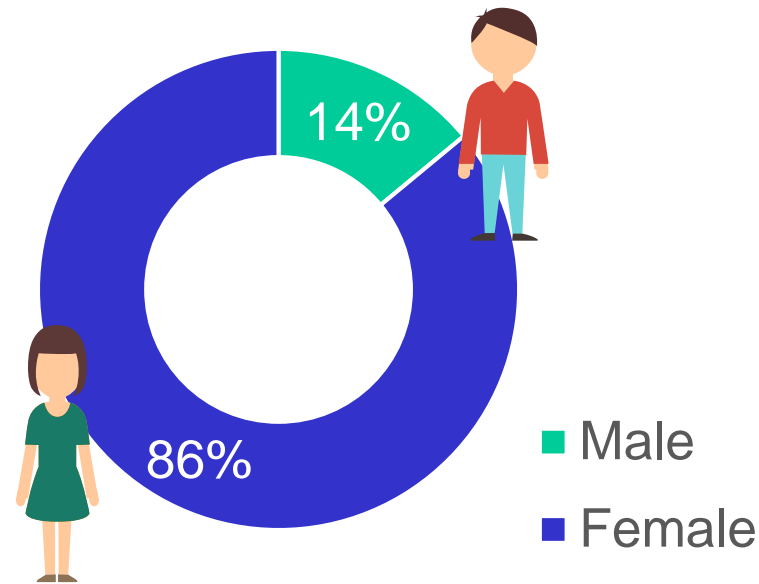
05
General Practitioners

06
Senior Managers

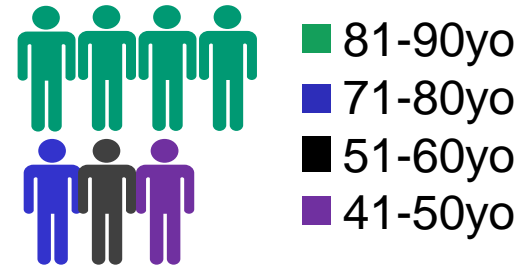
Approach of the study

- **Qualitative study** completed with semi-structured interviews and focus group
- **Patient recruitment**
 - Recruitment took place on discharge for face-to-face or telephone interview
 - Actual recruitment of 7 patients
- **Staff recruitment**
 - All of the self-managed team invited to focus group (n=3)
 - Coach, 2 GPs, 2 managers and 1 commissioner invited for individual interviews (n=6)

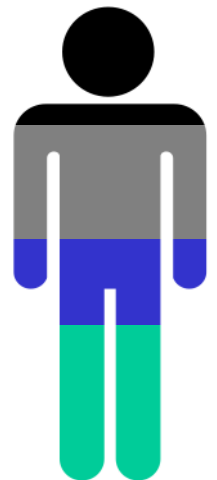
Patient demographics



- Live Alone
- Live with Spouse/ Partner



- 18% Diabetes
- 24% Arthritis
- 18% Hearing/vision loss
- 40% Other (incl. pain, depression, anxiety & heart failure)



Key findings: patient interviews

EXPERIENCE WITH RECEIVING THE SERVICE

- Patients on the whole **very satisfied**
- Comments ranging from **professionalism** to **attention to detail**
- Those receiving service reported **dignified** and **personal** treatment

“The [One Care team] are marvellous; more than I ever expected... Much nicer than having just the district nurses come; all different ones all the time. To have the same nurses all the time is marvellous... and they’re so helpful.” (Patient AB)

“The One Care team were just friendly, they’re nice and they’ve got time, so I think that’s fairly important... They’re not there to just do something medical, they go further.” (Patient CD)

Key findings: patient interviews

EXPERIENCE WITH RECEIVING THE SERVICE

- Patients comment that One Care team **not judgemental, but supportive**
- Nurses have been **helpful with day-to-day activities** and common household tasks, as well as health and social care needs

“They’ve not been judgmental: they’ve not said, “you should do this, you should do that.” They’ve very much been offering advice and help, not forcing me to try and do things where I’ve had that before, six months ago.” (Patient AB)

“They change the bed and if there’s washing up they go out there and do it, and do the drying, and sort the washing out. They’re really helpful.” (Patient CD)

Key findings: patient interviews

EFFECTS ON HEALTH AND WELLBEING

- Patients note **improvements** on **general wellbeing**
- Comments that One Care team provide **holistic support and care**
- Very positive responses on **planning** for **future health needs**

“[The team] gave me encouragement, and I could ask them questions as to what I can do.” (Patient EF)

“They’ve been very good in the sense of they’ve come, tried to guide me in the sense of you must eat this, try and eat this but they’ve been very good... in giving future plans and trying to help with anything that god forbid could go wrong.” (Patient GH)

Key findings: patient interviews

EFFECTS ON HEALTH AND WELLBEING

- Patients comment on **practical differences** made as result of interventions of One Care team
- Noted **degree of improvement** over time, but difficult to quantify over duration of pilot
- **Building confidence** primary factor in improving patient care

*“I had a Zimmer frame to walk with and they arranged for me to have one with a tray on the front, then I could get things, because *it’s difficult when you’re walking with it to carry anything from A to B, so they arranged that which made a huge difference.*” (Patient EF)*

*“Over a period of time, you are going to improve hopefully to a degree but I think *they give you confidence to be able to try a bit more stuff on your own so that’s helped a lot.*” (Patient GH)*

Key findings: patient interviews

EFFECTS ON HEALTH AND WELLBEING

[W]hen they first started looking after me I *couldn't* draw up my syringes with water, you know, so they were having to come twice a day and I *can't* even remember if it was three times a day. It was definitely twice a day. And now they only come once a day so, you know, *they've* helped me.

They did a lot of research and they put a lot of effort in to finding different ways so **eventually they found a way where I could [do it] myself** and do my own flushes by connecting the syringe to my peg without the plunger in it, filling it with water and letting gravity do the rest which... **why *didn't* no-one think about that before**" (Patient KL)

Key findings: patient interviews

CARE RECEIVED THROUGH THE PILOT

- Positive responses to One Care team approach – **personable and committed**
- Experience from patients that nurses demonstrated utmost **professionalism**

“It’s great because if you’ve got little things... You know, when you’re ill, like I am, little changes happen to your body and you think oh my god, what’s that? You can mention it to them and they can say, “Oh don’t worry about that, it’s this and that and the other.” You don’t have to feel you’re running to the GP all the time.” (Patient IJ)

“I’ve got no complaints at all with any of the nurses that come to re-dress me, they’re all very friendly and all very helpful.” (Patient KL)

Key findings: patient interviews

CARE RECEIVED THROUGH THE PILOT

- Patients note that **sense of personal independence has improved** as a result of One Care team interventions
- Care of team a major factor in increasing the **confidence of patients** to manage their own care

They helped me out a lot because I was [annoyed about] going down to East Grinstead, leaving at ten in the morning and getting home at half past six.
(Patient IJ)

“[We’ve been] given a small chance to do our own things. It was taking me ages to get [my partner] washed and that, and the morning had more or less gone. They come every other day to [help my partner] and just twice a week to me to dress my ulcer. (Patient KL)

Key findings: patient interviews

IMPROVING THE CARE

- Patients note that approach in pilot would help **reduce strain** on GP services
- **Regret** shown from most that pilot is coming to an end – anxiety about change to care

“If they continue what they did with me the first six weeks I don’t think they could [improve] on it... I think the One Care would be marvellous for practices, because it would alleviate a lot of pressure off them and also off the nursing staff they’ve got as well.”
(Patient MN)

“Very soon I’m going to have to be seen by someone else and that’s going to be difficult. So from that point of view I’m not impressed but everything else about it perfect.”
(Patient OP)

Key findings: patient interviews

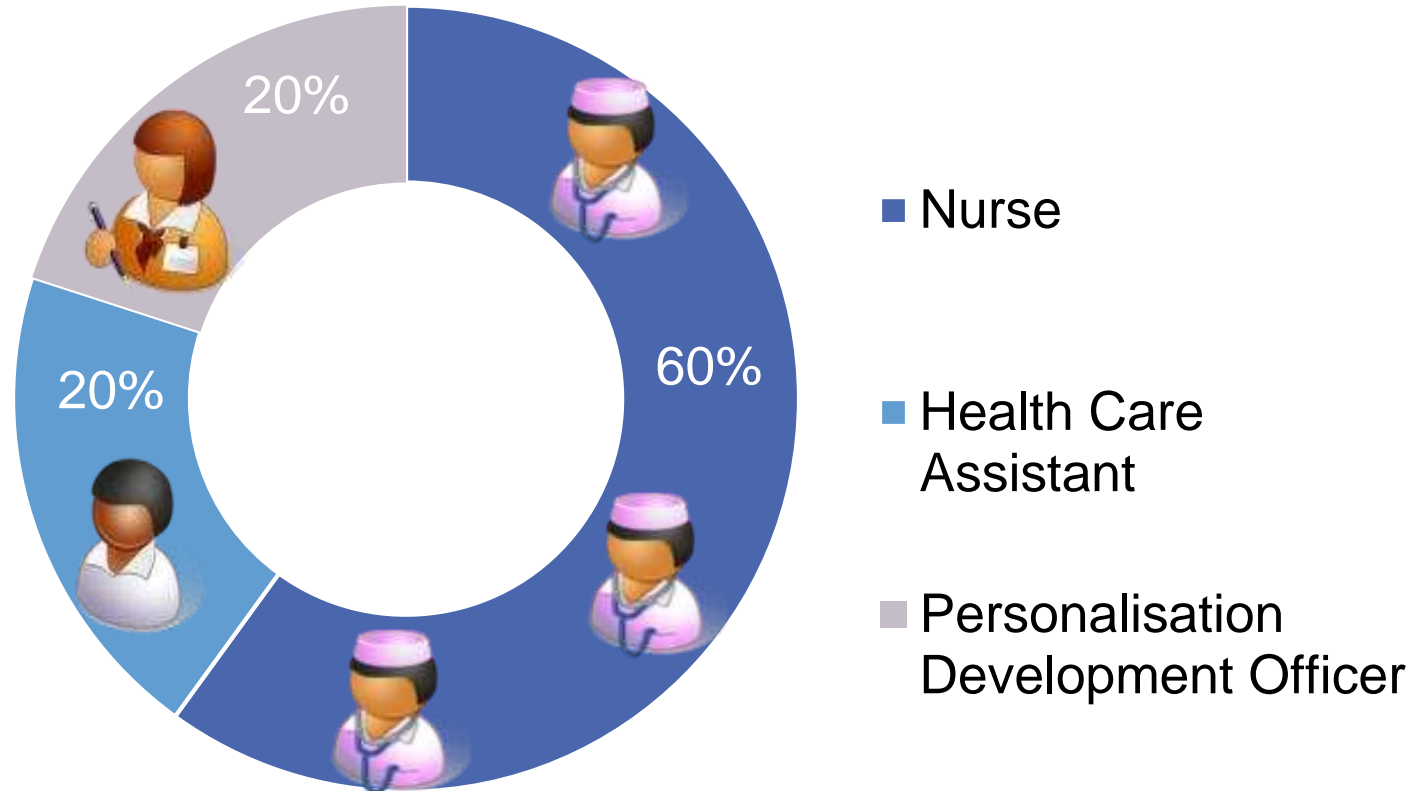
IMPROVING THE CARE

- Comments from some participants that **timing of visits not always satisfactory**
- Overall patients show **concern about the close of the pilot and continuation of quality care**

*“The actual nursing skills obviously were very good but their timing *wasn’t*, as far as saying they were going to be here at a certain time or day. I mean obviously we know *that they have emergencies and things like that but it wasn’t very good in that respect.*” (Patient MN)*

*“I only hope it does continue, they need more than the four nurses because Kent is a big area, as you know, *so there’s a lot of practices* here, so the four nurses that are in *the practice they can only cope with that, they can’t cope with any of the others*, so they need a lot more One Care nurses in Kent. (Patient OP)*

One Care Team demographics



Key findings: frontline staff

Nurse focus group & individual interviews

THEME 1: EXPERIENCE WITH IMPLEMENTATION OF THE PILOT

- Staff were very positive about the **Buurtzorg approach**

“I do think that the management have actually stepped back and let us run [the team] the way we feel we’d like to run it and that has been really, really nice”
(Interviewee F03)

- **Recording patient data** problematic

“A lot of that data is going to be lost because we weren’t able to put it down as One Care so unless they go through every single patient contact that we’ve had, only then you’re going to get that”
(Interviewee F03)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 1: EXPERIENCE WITH IMPLEMENTATION OF THE PILOT

- Issues with setting up the **infrastructure** and a sense of lack of support.

“We didn’t know what codes were needed, how to order, how to roster, how to use the systems so some initial input from the management at the start to get us all up to speed I think would have been really helpful”

(Interviewee F02)

- Setting up **data sharing** agreements between Health and Social Care delayed

“[I]t’s very hard to have integrated care if we don’t have integrated systems”

(Interviewee F02)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 1: EXPERIENCE WITH IMPLEMENTATION OF THE PILOT

- **Felt rushed to start seeing clients**

*“I felt that we were rushed into seeing patients maybe a week before we were quite *ready*. [...] it may not have been meant like that [but a] conference call that we had was very difficult [...] but it did feel like we were *rushed*”*
(Interviewee F03)

- **Poor GP engagement** and lack of suitable referrals, reasons unknown

“The GPs [...] had no understanding, they weren’t informed, they were just told that they were going to be part of this project. We’ve never really got to the bottom of it but they have not been engaged with us” (Interviewee F01)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 1: EXPERIENCE WITH IMPLEMENTATION OF THE PILOT

- **Referrals** from GPs more **complex**

“Before we’d come as a team, they’d already devised a list full of patients’ names but they were... all of them were their difficult patients that the GPs didn’t know what to do with so already that was their attitude ‘oh they’re difficult, let [OneCare] take them”
(Interviewee F03)

- Team focused on **being proactive** and “finding [their] own referrals”

*“We found our own referrals by working in partnership with the district nurses really [...] We got about three referrals from the GPs and unfortunately none of those were appropriate for our service and then they have the paramedic there and we got a lot of referrals from *him*”*
(Interviewee F02)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 2: COORDINATION & IMPACTS ON PATIENTS

- **A person-centered approach**

“[Patient needs are now] looked at in a much more holistic way than they would be in a normal [sic.] nursing or even social care setting”

(Interviewee F01)

- **Not recruiting a domiciliary carer into the team and reducing personalization officer time a problem**

*“I’ve wondered how different our service would have ended up if we’d had the carer from the start because obviously we are three nurses and a healthcare assistant, we all come from a health perspective and I wonder how much different [our work would have been] and maybe we would have taken on some different *patients*”*

(Interviewee F02)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 2: COORDINATION & IMPACTS ON PATIENTS

- Clear focus on **encouraging self-management** resulting in **increased confidence and independence**, although sometimes **unrealistic goals** set by patients

“One particular patient [...] had a heart attack and she *didn't* necessarily need any nursing care but her name was put forward to us because she had lost confidence in everything. *“I'm scared to have a shower just in case something happens. I'm scared to walk down the road just in case something happens.”*”

So we went round. She was absolutely fine in the shower but knowing that there was a nurse there to give her that element of support she was completely independent, you know, with her hygiene needs and then to try and build up a level of exercise tolerance up again we were walking down the end of the road with her and walking back with her again. [I]t could have easily gone the opposite way [...] she might have become one of those patients who would have ended up isolated [...] (Interviewee F03)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 2: COORDINATION & IMPACTS ON PATIENTS

- **Continuity of care and patient familiarity**

“We’ve had the time and the freedom to build up good relationships with our patients [...] So I have really enjoyed having a much more in-depth relationship with the patients that we’ve had.

(Interviewee F01)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 3: SUSTAINABILITY

- **Different messages** about the progress of the project

Interviewee F01: “I was under the understanding that [...] *they* were going to roll [the project] out for a year. [W]e found out half way through that, no, six *months, that’s it* and so we had a lot of optimism in the beginning, *didn’t we*”

Interviewee F02: “*I’d been told just the six months but...*”

Interviewee F03: “*Yes, but everybody had been told slightly different*”

- Hoped to be consulted about future Models due to **valuable insights**

“What makes me very nervous about this new [...] project, is that you’ve got senior members of staff who are going to do research for a year, they’ve not actually [worked within the team], whereas we have, so we can identify flaws”

(Interviewee F03)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 3: SUSTAINABILITY

- Success and quick adoption related to nurses **being interested and deciding** to apply for the project. Transfer of model to an existing nursing team may be challenging.

*“I think the active ingredients are we all volunteered, **we all applied for the job because we had an interest in it and I think that at first that is what you need.** You need people who have got an interest with it rather than it being imposed on a *team*”*

(Interviewee F02)

- **Organisational culture change** is necessary for the sustainability of such projects as seemed unprepared for self-managing nature

*“Managers will address everything to the Band Six rather than the team rather than all of us jointly, that has been, yeah that has been a slight issue but again it’s understandable because everyone’s learning a new way of working and that includes our Managers who are used to working in a *hierarchy*”* (Interviewee F02)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 4: BENEFITS OF THE ONE CARE APPROACH

- **Positive** about the project but **regretful** about their roles coming to an end

“It has been a positive challenge [...] I enjoyed coming to work every single day”

(Interviewee F02)

- Examples of particular benefits were:
 - Equal responsibility
 - Shared workloads
 - Self-managing
 - Less time-pressure and limits
 - More direct contact with patients within workloads

“We have a caseload, and I think that that works better because just knowing that when you’re full you’re full, that that means that you can always give the amount of time and care that you want” (Interviewee F02)

Key findings: frontline staff

Nurse focus group & individual interviews

THEME 4: BENEFITS OF THE ONE CARE APPROACH

- However, **integration of Health and Social Care was not fully achieved.**

“I’ve wondered how different our service would have ended up if we’d had the carer from the start [...] I still have days when I think are we Buurtzorg?” (Interviewee F02)

“It did feel quite separate [between KCC & KCHT frontline staff] especially in the initial stages [...] There didn’t seem to be much clarity on what Health [services] are putting in and what Social Care are putting in ” (Interviewee F05)

- More **direct contact with senior management** seen as beneficial

“*[I]t’s been quite nice to have a little chat every now [with the managers] to find out where they’re coming from, what their views and opinions are and [now] I completely understand the reason why they make the district nurses fill in millions and millions of things*” (Interviewee F02)

Key findings: frontline staff

Nurse focus group & individual interviews

Themes 5 & 6: GENERAL WORKFORCE ISSUES, ENGAGEMENT AND RETENTION

- The **self-managing** aspect positive:
 - Positive overall, but not always enabled

“Part of the project is we are supposed to be interviewing our own team members and now all of a sudden they’re going to put another member of the team in with us and we’ve just got to deal with it”

(Interviewee F03)

- **Flexibility around workloads and handover** to other team members

“I felt that I could breathe for these last 6 months”

(Interviewee F01)

Key findings: frontline staff

Nurse focus group & individual interviews

Themes 5 & 6: GENERAL WORKFORCE ISSUES, ENGAGEMENT AND RETENTION

- Feeling **engaged and dedicated** to the Buurtzorg principles.

*“This is a Buurtzorg thing - we do only what needs doing. And so we are getting to know our patients and doing the assessments that are required for them, rather than spending a whole load of time asking them questions and filling out electronic forms of things that really are **not necessary**”* (Interviewee F02)

- Wanted to **continue working** within the OneCare team

*“I think we just got off the ground and we just got to some kind of level and the only direction it could have gone is upwards and it could have grown so I do feel very disappointed in the trust that **they’ve taken the carpet from under our feet**”* (Interviewee F03)

Key findings: frontline staff

Nurse focus group & individual interviews

Themes 5 & 6: GENERAL WORKFORCE ISSUES, ENGAGEMENT AND RETENTION

- Expressed **ethical concerns** for patients who will go back to a less integrated service

“[The patients are] going to have a shock, the ones that we do hand back to the community nurses, because they do not have the time to invest in the patients that we have had”
(Interviewee F03)

- Acquired **new skills and confidences**

“I feel more positive now that actually I can in my mind justify not having to fill out a must on someone who is obese and who has come to us for weight loss problems so I feel that I can justify that as I go back to my old team, I actually feel a bit stronger from doing this that actually I am a clinician and if I can justify clinically why this should or should not be done, I feel that I will be supported. We’ll see” (Interviewee F02)

Key findings: frontline staff

Nurse focus group & individual interviews

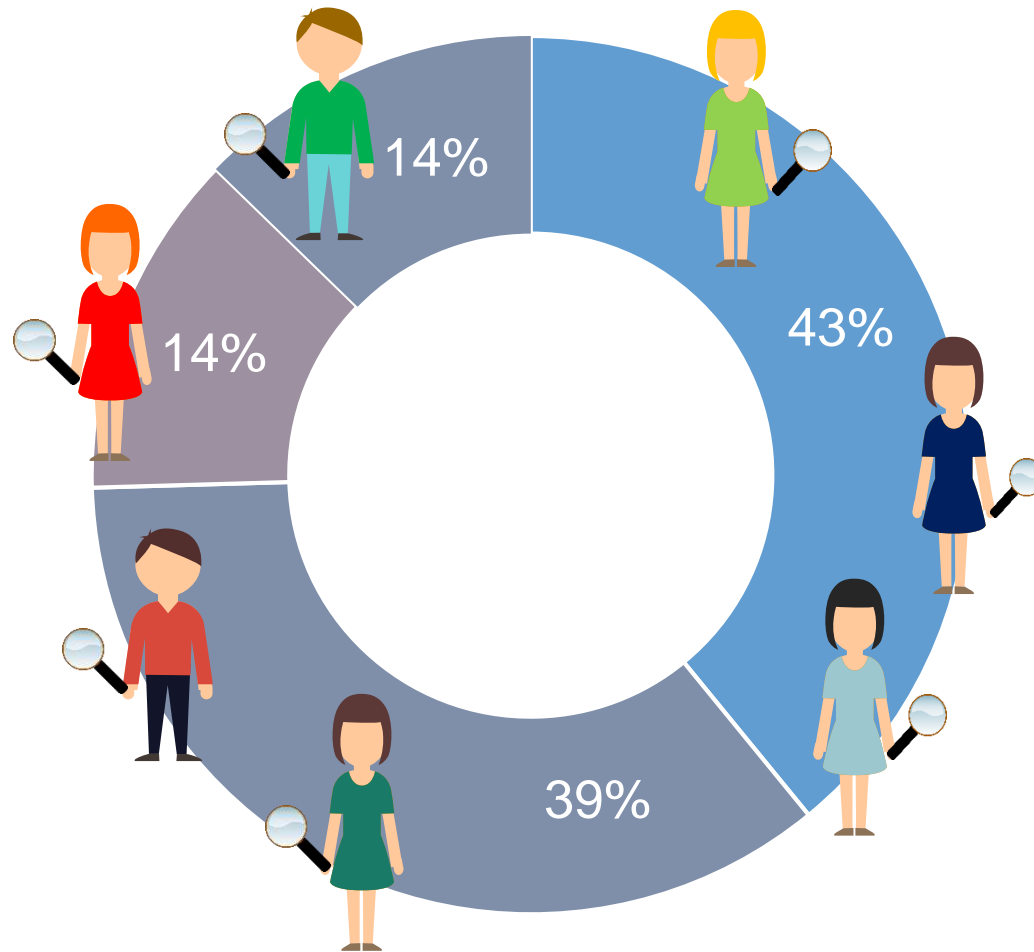
Themes 5 & 6: GENERAL WORKFORCE ISSUES, ENGAGEMENT AND RETENTION

- **Anxieties** about going back to the ‘old model’ of working

“It will be hard to go back to the top down approach from management. I’ve been very worried about it. I loved having the autonomy and the freedom and responsibility”

(Interviewee F01)

Key findings: manager interviews



“We all have a different lens we see things through”

(Interviewee M03)

■ KCHT Managers ■ KCC Managers ■ External Consultant ■ Coach

Key findings: manager interviews

THEME 1: EXPERIENCE WITH IMPLEMENTATION OF THE PILOT

- **Positive about their own involvement** but needed **time to familiarise** themselves with their role on One Care

“It has been one of those projects that people wanted to be a part of from the start [...] It was probably one of our most successful recruitment processes in terms of [nurses] coming forward to be part of the project”
(Interviewee M01)

- Complementary about team’s **ability to work autonomously** despite challenges – **dedication to the pilot**

“The managers appointed absolutely great colleagues into the team so the nurses that work in that team are, they’re passionate, determined, they really wanted to make this work. They can work autonomously so I think the staff that they identified they did that very successfully so I think the fact that we’ve delivered in terms of getting the pilot up and running has been great”
(Interviewee M03)

Key findings: manager interviews

THEME 1: EXPERIENCE WITH IMPLEMENTATION OF THE PILOT

- **Steering group member ‘buy-in’ and support** seen as outstanding, but difficult dynamics among organisations noted.

“It’s always been difficult, looking at it from the perspective of the steering group. We had some good partnerships in there, but again I think there’s a blame culture unfortunately and if things didn’t progress it did seem to fall on Social Care”

(Interviewee M07)

- Challenges included finding a **suitable base, IT/data recording and sharing** issues and securing **finance**

“Well we did do a data sharing agreement but in the end it wasn’t necessary because we didn’t share any information outside of the NHS”

(Interviewee M03)

NB: The Personalisation Development Officer was from KCC and worked with the team throughout the project.

Key findings: manager interviews

THEME 1: EXPERIENCE WITH IMPLEMENTATION OF THE PILOT

- **Buy-in from other professionals** (e.g. GPs) was identified as a particular challenge

“The GP surgery didn’t seem to know much about the project which, you know... we couldn’t quite understand why because they were part of the bid, part of the process at the very beginning!” (Interviewee M07)

Key findings: manager interviews

THEME 2: COORDINATION & IMPACTS ON PATIENTS

- **Nurses were clear about their responsibilities and shared goals, but could not adopt distinct roles** within their team.

“[The nurses] knew what the vision was for patients, the different model of working and what they wanted to achieve... and I think the current evidence that I’ve seen shows that they’re achieving those goals, they’re certainly setting goals for the patient so they don’t go in there and say ‘right, you need this, I’m going to do this to you.’” (Interviewee M01)

- Lack of consensus on **experiences of information sharing**; either a major obstacle or not

“Information sharing has not been a challenge” (Interviewee M03)

“Social Services practitioner couldn’t access her site IAS when she was physically based with the team so that would be a barrier” (Interviewee M02)

Key findings: manager interviews

THEME 2: COORDINATION & IMPACTS ON PATIENTS

- Hierarchical structure of the organisation struggled to support an **autonomous** team.

“You know, it’s a paradox, isn’t it? Part of the point of this way of working is exactly to get away from KPIs, but the KPIs are so embedded in the culture and nurses are so accustomed and managers too to being guided by them that even if it isn’t a KPI, if it looks like a KPI you can easily respond to it as if it is one.” (Interviewee M05)

- Positive outcomes for patients, especially in terms of **seamless care** and **self-management** of their own care.

“The patients themselves become much more involved and educated in what they’re doing [...] The team were able to offer support from the position of knowing the person, and [the patients] were then able to do something about it themselves... so it was giving independence to people” (Interviewee M04)

Key findings: manager interviews

THEME 3: SUSTAINABILITY

- Unclear/opposing opinions about **involving the One Care nurses in the TICC project**

“We are sustaining the employment of the 3 nurses and when it comes to setting up the next team they will be in it”

(Interviewee M01)

“[The TICC project] will be the same in terms of staff [...] except for the nurses”

(Interviewee M03)

- Lack of consensus on how **lessons learnt** can be transferred

“We [the steering group] will be at the TICC project with that knowledge, but we’ll be able to ensure that we do things differently”

(Interviewee M03)

“The managers could take the team and their knowledge more seriously than they do.”

(Interviewee M05)

Key findings: manager interviews

THEME 3: SUSTAINABILITY

- Overall agreement **that a longer planning period** necessary for future implementations

“If it went on longer it may have had a different outcome I don’t know.” (Interviewee M01)

Key findings: manager interviews

THEME 4: GENERAL WORKFORCE ISSUES

- Difficulty recruiting a **domiciliary carer** sometimes seen as a major shortcoming

“The team had difficulty accessing Social Care practitioners. I was hoping they would be able to explore an enablement worker in the team [...] to provide the team with social support and test out Health & Social Care in practice” (Interviewee M02)

- Small size of the team meant it **could not reach full potential**; fewer complex referrals than liked.

“I don’t think we’ve seen the full potential of the team because they have been [understaffed due to illness and lack of a domiciliary carer]” (Interviewee M03)

Key findings: manager interviews

THEME 4: GENERAL WORKFORCE ISSUES

- **Workloads** seen as effective; nurses got to know patients

“They were able to follow things through, they were able to give the 60% face time as in the Buurtzorg model and I think they appeared to be really happy at the care that they were given. No one looked stressed”

(Interviewee M06)

- **Organisational hierarchies** were seen as hindering the teams, not enough involvement of nurses

“[The nurses] are not as much in the loop as they should be”

(Interviewee M05)

Key findings: manager interviews

THEME 5: STAFF ENGAGEMENT & RETENTION

- One Care **team were highly motivated and engaged** despite difficulties with infrastructure and staffing.

“I think for the 3 nurses [the project] would definitely have an impact on them wanting to stay in the job and grow the job” (Interviewee M01)

- **Relationships** all round seen as positive, but complex and unstable with others (e.g. with GPs and other nursing teams)

“[District Nurses] are not aware of how the team works exactly and I think for them they probably think ‘well they’ve got loads of time to do and we’ve got far more patients on our caseload’ which is true” (Interviewee M06)

- Opinions **retention differed**; nurses may or may not stay having worked in an integrated way with less time constraints

“I think that the [OneCare] experience and going back [to traditional nursing] can lead to being doubly disaffected. You can see that something can be done better, and then it’s gone” (Interviewee M04)

Limitations of the study

- **Sampling bias**
 - Due to the small number of patients recruited
- **Slow roll out / short duration of pilot**
- **Recruitment issues**
 - Some patients withdrew from study or were unable to participate due to change in circumstances
 - No GPs agreed to take part

Findings summary

- **Patient perspective**

- Overall picture is **positive** and clear that patients have benefitted from pilot
- All participants **pleased with care and support** delivered by nursing team – professional, personable etc.
- Most showed **disappointment** that trial is finishing

- **Staff perspective**

- **Positive** about own involvement in pilot and contributions
- Nurses report **satisfaction** about delivering care and working in self-managed fashion
- Management indicate that **significant obstacles** hampered delivery service but overall deem success

Recommendations

- Based on findings KCHFT should consider the following:
 - Continue exploring use of **self-managed** nursing teams
 - **Use person-centred** in delivery of care
 - **Continuity of care** for patients to aid trust
 - Use **practice** as base for **continual development** of skills and knowledge
 - **Align goals and responsibilities** for shared approach to patient care
 - **Reduce** formal and organisational hierarchies within trust

Recommendations

- Integrate health and social care professionals within a team, instead of integrating health and social care tasks per individual staff member
- Set up **core infrastructure** together with frontline team & before the patients are seen
- Set up **data sharing agreements** and data recording before the commencement of the project
- **Not rushing patient** contact if set-up is still required
- Closer **relationship with referrers**
- **More information** about the team available to other services
- **Involve frontline workers in negotiations** with GPs
- **Longer pilot period**
- Offer GPs to visit Dutch counterparts